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## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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DEAR EDITOR: I think it would be very interesting to have through the pages of the JOURNAL letters from private nurses all over the country, giving from their own experience the amount a nurse may expect to earn in a year, with the proportion of income that should be spent for clothing, room, and living expenses. Such information to be of value should come from the nurses in the smaller cities and towns, as well as from those in the great nursing centres.

BOSTON READER.

[We will gladly give space to such letters.—ED.]

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DEAR EDITOR: I have read with interest the letter of Miss Clara D. Noyes in the February issue of THE AMERICAN JOURNAL OF NURSING relative to the insurance bond held by her, and I am of the opinion that she has either been misinformed, or that the policy has not been properly explained to her.

This four per cent. "guaranteed interest bond" was fully explained to me, and I took in preference another form of policy,—first, because the amount at the end of the period was shown to be greater pro rata; secondly, that the amount of deposits yearly were less, and, thirdly, because I could carry more insurance for the same premium payments; for instance, on a four per cent. guaranteed interest bond the guaranteed amount at the end of twenty years is about one thousand two hundred and fifty dollars per thousand. Not one thousand two hundred and fifty dollars *extra*. The one thousand dollars of insurance is guaranteed to be worth one thousand two hundred and fifty dollars at the end of twenty years. And the same guarantee under my contract is one thousand dollars.

The money paid the company under Miss Noyes's contract in the twenty years amounts to thirteen hundred dollars per thousand, and the amount which I pay is nine hundred and eighty dollars. Of course, the surplus or dividends are not added to these figures, but as they are problematical they should not be considered, as future results cannot be foretold.

I am an ardent believer in life-insurance, both from an insurance and investment standpoint. I have been insured a number of years and my policy now has a cash value and a paid-up value that is considerable. It is a protection to my dependents and a source of pleasure to myself—if for no other reason, that were I to stop payments now and take a "paid-up policy" I am certain of a burial fund no matter *where*, or *how*, or *when* I die. And then it helps me to save money.

ROSINE VREELAND,

36 Howe Avenue, Passaic, N. J.

DEAR EDITOR: Does it not seem strange that the Boston Graduate Nurses have not before this organized a Mutual Benefit Society? Think of the many benefits derived therefrom. Let us consider this matter from a strictly business point of view. First, a nurse is more exposed to disease than those otherwise employed, not only by coming in contact with contagious diseases, etc., but through irregular habits as concerns rest and diet, disarranging her nervous system, and paving the way for dyspepsia. She is also much exposed to cold.

Those who are very successful may say they do not see the necessity of any such organization, they have money enough. Very few persons earning their own living have so much that in sickness, with all its demands, they would not find, say, ten dollars a week helpful; or, taking another view of the matter, let those successful ones display their generosity by joining the association to help other nurses, who may do just as good work but are less fortunate, or who have greater obligations to meet. Such an association would also bring the nurses together and arouse more of a friendly spirit among them. I feel quite safe in stating that if once such an association were started it would prove a success. Who would miss fifty cents a month, and which of us nurses does not spend much more than that on unnecessary or worthless things? Would not some of the readers of *THE AMERICAN JOURNAL OF NURSING* help us out by suggesting someone who would take hold of this matter.

Such a person would find a great many ready to give willing aid who have not confidence or influence enough to start the matter. A whist party would certainly be a good beginning if we could only get together. Perhaps many who read your *JOURNAL* have never been interested in an association of this kind, and do not understand its regulations or the actual benefit derived by members. To assist such persons I will give one formula.

Of course, there would have to be meetings held for the purpose of electing officers and selecting a physician to look after the medical part of the work. Those wishing to join would be required to furnish satisfactory letters from reliable persons, professional or otherwise. They would be charged an initiation fee of about two dollars, besides the regular sum of fifty cents a month. It would be necessary to be a member of the association six months before benefit is derived, then the sum of ten dollars a week would be paid the sick member, providing she is ill enough to need the care of a physician.

When death occurs, the sum of one hundred dollars is usually paid. Sick benefits are not paid longer than thirteen weeks. In case of illness the first thing necessary is to notify the secretary of the society, through whom the physician connected with it will call and give satisfactory report of case.

AGNES M. GAUL,  
Graduate Nurse St. Elizabeth's Hospital, Boston.

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DEAR EDITOR: In the February *Journal*, under "Practical Hints," is a description of a typhoid bath-tub which is called "A New Device." In the Samaritan Hospital of Lexington, Ky., a similar bath-tub has been in use for some years, and I feel quite well acquainted with that mode of bathing, as I once had typhoid fever and was given fifty baths in this way. I am unable to say who invented the tub, but it was first used here by Dr. W. O. Bullock, Sr., during an epidemic of typhoid fever in a neighboring village.

M. E. McCANN.

[*"There is nothing new under the sun."*—ED.]

DEAR EDITOR: Recently there has come under my observation an entirely new treatment for typhoid fever which is as follows: Poland water, two quarts daily; quinine sulphate, four grains every four hours. Nourishment not allowed under any consideration, as the physician says it ferments, causing gas to generate in the intestinal tract, producing tympanitis. What I mean by nourishment is milk, beef-juice, beef-tea, or predigested food. Although very considerable prostration often occurs in such cases, stimulants are not given until the pulse becomes thready. If the temperature is above 102°, a cold sponge is given every three hours, and cold water in an ice-bag is applied to the head, but not continuously. Nothing is given for constipation, and in case No. 2 there was no defecation for fifteen days, yet nothing was given, and the physician considered this a favorable condition. When the temperature is normal for six days milk gruel is given, two ounces every two hours. This is made by mixing two teaspoonfuls of flour with two cups of water and two cups of milk. This is given for several days and then general diet.

I have seen three cases treated by this method; result, one died and two recovered.

To condense this treatment it narrows down to two quarts of Poland water daily and four grains of quinine sulphate every four hours.

The physician claims that by this treatment the duration of the disease is shortened and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal is lessened. I would like to know very much if any nurse ever saw this treatment used.

A SUBSCRIBER.

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DEAR EDITOR: I wish to say a word about an article in the February JOURNAL, written by a graduate, with regard to the disposal of soiled dressings. The paper bag she speaks of is an excellent way to carry the dressings. But it does not seem to me to be the proper thing to burn such dressings in the kitchen range, especially the muslin squares used for the expectoration of phthisical patients. Here are my reasons: First, the family and cook would be very much disgusted to see such dressings brought into the kitchen at all, especially when we stop to think that meats are broiled and toast made over this same fireplace. Nurses must be very careful of the impressions they make, not only on the family, but also on the help employed there. In the second place, the majority of cooks object to having either paper or rags thrown on a coal fire, as they claim it spoils it. The nurse in question says she burns the dressings when the cook has finished with the fire; she does not say whether it is after she has finished after meal-time or when she has finished in the evening. Why not throw these dressings and muslin squares into the empty furnace for a day or two, and then, by the aid of a few papers or a small bundle of wood, burn them in that way in summer? Some people have laundry stoves, where they could be burned. In the absence of a furnace or laundry stove the dressings could be burned by putting them in an old pan or kettle and burning them in the back yard. Of course, the nurse could not trust anyone else to burn them in the yard in dry, hot weather on account of the danger of fire. The kitchen range should not be used unless it is absolutely necessary, and then only after the cook has finished with the fire and kitchen in the evening. I would be glad to hear from anyone who could offer a better way of disposal.

Dear Editor, I do not know what we would do without the JOURNAL. It is

a great educator for nurses who do private duty. It keeps us in touch with the new things in the profession. A great many of us did not know who the lights of the profession were until we read their papers and names in the *JOURNAL*. The foreign news is very interesting.

BROOKLYN GRADUATE.

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DEAR EDITOR: Has anyone realized what the new-fashioned long cloak is doing for us?

The hospital nurse in her hours off duty slips it on over her uniform and goes out. On her return she wears that same uniform into the ward.

The surgeon on entering the hospital and before he sees his patients takes off his cloth coat and puts on a linen one. The nurse enters the wards with the dress that has been in the crowded departmental store or the dirty street-car, thus bringing danger in her footsteps.

The life-history of the washing dress we know. From laundry to Nurses' Home, from home to ward, and then again back to laundry, where each time it is thoroughly sterilized, but who knows the life-history of that long, loose-backed garment,—the Raglan, the automobile, or what else may be its name?

Truly our enemies are even those of our own household. Any nurse who really believes in asepsis should carry it out with soul and body, and surely she is not doing this with the latter when she wears her uniform in the public streets.

EMILY MACDONNELL,  
Albany Hospital.

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ATHENS, GREECE, January 30, 1902.

DEAR EDITOR: THE *AMERICAN JOURNAL OF NURSING* is a dear friend of mine out here in Turkey, where so little is said or done about hospital work, medicine, or nursing. It keeps me in close touch with my profession, and I find it very valuable.

Yours truly,  
K. G. KLONARE.

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the *JOURNAL* unless so desired.—ED.]

